

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS) APPLICATION: GENERAL INFORMATION

Our goal is to serve you as efficiently as possible.

An OSTDS permit application cannot be processed until the application is complete. The Florida Department of Health in Manatee County – Environmental Health Services will hold the application until complete - This will delay the issuing of the permit. The following are required for a complete permit:

- **Permit Application Fees**
- **Application Page – # of Bedrooms, Square Footage of Living Space, # of People**
- **Application Page – Signed and Dated**
- **Site Plan – New/Existing – To-Scale and Signed and Dated**
- **Site Plan – Repair – Distance to Setbacks and Signed and Dated**
- **Floor Plan – Label Rooms and Outside Dimensions and Signed and Dated**
- **Site Evaluation – Filled out Correctly and Signed and Dated (DOH or Master Contractor)**
- **Existing/Repair Evaluation – Filled out by a Licensed Septic Contractor**
- **Site Plan Checklist – Answer all Questions and Sign and Date**

The Florida Department of Health in Manatee County – Environmental Health Services will need a 'dig ticket' to have all utilities marked before any site work can be done.

When the application is complete, the Florida Department of Health in Manatee County – Environmental Health Services will make every effort to issue a permit as soon as possible (2 days for repairs and 6 days for new/existing – After Dig Ticket Approval.)

Please help the inspectors by making sure the property in question is accessible. Also make sure the flags are located:

- ❖ **at the entrance to the property (Orange Flag)**
- ❖ **at the proposed onsite wastewater treatment and disposal system (OSTDS) location (Yellow Flag)**
- ❖ **at the well location (if applicable) (Blue Flag)**

If this office attempts to perform the site evaluation, repair/existing evaluation, system construction and/or final inspection and the property is not accessible, or the flags are not at the proper locations, **a \$50.00 re-inspection fee will need to be paid before the work can proceed and be completed.**

Please call for an inspection by **4:00 PM** for an **inspection the next business day.**

If you have any questions please feel free to call the Florida Department of Health in Manatee County – Environmental Health Unit at (941) 748-0747 ext. 1340, from 8:00am until 5:00pm – Monday through Friday.

DOH-MANATEE EH 5/27/2016 (Page 1)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)
NEW CONSTRUCTION / EXISTING / REPAIR / ABANDONMENT / PERMIT
CHECKLIST

The following items are needed to have a complete OSTDS Permit Application:

- Completed Permit Application.** All applicable information must be completed on form DH 4015 (see attached). An application cannot be processed without a property street address or property ID #, plat date. (All fields populated, signed and dated by applicant.) **Application for a private residence must have the number of people living in the residence, the number of bedrooms, and the total square footage of living space stated for the application to be complete.**
- E-Mail Address.** Please give your e-mail address to allow more efficient processing of the Onsite Wastewater Treatment and Disposal system (OSTDS).
- Building Permit Number.** Please give the building permit number for the project that will require the Onsite Wastewater Treatment and Disposal system (OSTDS).
- Agent Letter.** An agent letter must be submitted as part of the OSTDS application if someone other than the property owner or licensed Florida septic contractor is submitting the application and/or signing the required pages of the OSTDS application.
- Site Plan.** A **to-scale** site plan of the property must be provided (see attached to-scale site plan sample). The site plan must show the location of any building structures, the location of the street and the location of the septic tank and drainfield area. The site plan will need to be signed and dated by the applicant/agent.
- Floor Plan.** A floor plan must be submitted with the stated outside dimensions. The rooms must also be labeled. The floor plan will need to be signed and dated by the applicant/agent.
- Site Evaluation.** The site evaluation must be performed according to 64E-6, Florida Administrative Code. The site evaluation information must be filled out on DH 4015. 2 soil profiles must be completed and an ESHWT (Estimated Season High Water Table) must be determined and scientifically documented using USDA methodology.
- Fee (New).** A fee of \$350.00 must be submitted with the application – If the Florida Department of Health in Manatee County performs the site evaluation.
- Fee (Existing).** A fee of \$35.00 must be submitted with the application.
- Fee (Existing - Modification).** A fee of \$295.00 must be submitted with the application – if the Florida Department of Health in Manatee County performs the site evaluation.
- Fee (Repair).** A fee of \$300.00 must be submitted with the application – if The Florida Department of Health in Manatee County performs the site evaluation.
- Fee (Abandonment).** A fee of \$50.00 must be submitted with the application .

If you have any questions or you are ready for your inspection, please call (941) 748-0747 ext. 1340.

DOH-MANATEE EH 5/27/2016 (Page 2)



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
 DATE PAID: _____
 FEE PAID: _____
 RECEIPT #: _____

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

=====

PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: _____ DATE: _____

APPLICANT: Property owner's full name.
AGENT: Property owner's legally authorized representative.
TELEPHONE: Telephone number for applicant or agent.
MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.
TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

**THE FLORIDA DEPARTMENT OF HEALTH - MANATEE COUNTY
ONSITE SEWAGE TREATMENT AND DISPOSAL APPLICATION
SITE PLAN CHECKLIST**

As the owner or agent applying for an OSTDS permit it is my responsibility to determine if the proposed development is in compliance with the zoning requirements of Manatee County. I further assume responsibility to obtain any applicable permits from other Federal, State and/or Local Government Agencies.

Site plans for all new, existing and modification permits must be drawn to scale. For individual lots five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features or the minimum size drawing necessary to properly exhibit all required features, which ever is larger. The applicant must show the location of the one acre or larger parcel inside the total lot ownership.

If a feature (i.e. lakes, waterlines, property lines, wells) is on the property it must be drawn to scale. Offsite features must be drawn to scale if within 75 feet of the property line. For repairs, the setback is measured from the OSTDS location and is the setback distance plus 25 feet. For lots five acres or greater, the setbacks are from the parcel lines demarking the one acre or greater parcel drawn to scale and dimension lines may be used. **(The Non-Tidal and/or Tidal Surface Water information must be marked or the application will be considered incomplete and put on hold until information is submitted to the Florida Department of Health in Manatee County.)**

SITE DATA: ORIGINAL PERMIT NUMBER _____ PERMIT NUMBER _____

Dwellings: Is more than one dwelling proposed or existing on property? *Yes ___ No ___
(5' setback to building foundation)

Easements: (roads, pipelines, underground utility lines & etc) *Yes ___ No ___

Slopes: (Slight, Moderate, Severe) *Yes ___ No ___

Wells on Lot: *Yes ___ No ___
Private (Drinking Water) _____ Irrigation _____ Public (Drinking Water) _____
(75' setback) (50' setback) (Flow<2000=100" Flow>2000=200" setback)

Potable Water Line to be shown on plot plan: (2' setback)

Off Site Features: (within 75 ft. of property line) *Yes ___ No ___
i.e., existing wells, water bodies or existing septic tank and drainfield system(s)

Drainage Features: (15' setback to ditch/swale) *Yes ___ No ___

Filled Areas: (Unacceptable soils must be replaced) *Yes ___ No ___

Utility Easement (2 Residences on one OSTDS- Must Be Document Stamped at the Clerk of Courts) *Yes ___ No ___

Jurisdictional Wet Land (Read Informational Sheet) *Yes ___ No ___

Surface Water: (75' setback) (50' setback if lot platted before 1/1/1972) *Yes ___ No ___

Surface Water: Non Tidal Influence (Lake,Stream, Canal, Pond) DOH Determined __1__ Surveyor MAFL __2__ *Yes ___ No ___

Surface Water: Tidal Influence (Bayou, Manatee River, Bradenton River) Surveyor __1__ MHWL Surveyor __2A__ *Yes ___ No ___
Surveyor __2B__ MHWL

***ANY ITEM CHECKED AS "YES" ABOVE, MUST BE SHOWN ON THE SITE PLAN AND THE DISTANCE TO THE PROPOSED SEPTIC TANK SYSTEM USING DIMENSION LINES, IF A REPAIR. OTHERWISE, THE APPLICATION WILL BE CONSIDERED INCOMPLETE.**

Applicant Signature _____ Date: _____

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

NON-TIDALLY INFLUENCED SURFACE WATER BOUNDRY DETERMINATION

OPTION 1 In place of a certified professional surveyor and mapper, the applicant requests the Florida Department of Health in Manatee County to determine and draw on the submitted site plan the location of the Mean Annual Flood Line (MAFL) for the Permanent Non-Tidal Surface Water Body (PNTSWB) located on the property. Please note that Florida Department of Health in Manatee County staff are not surveyors and as such will be determining the new area of the surface water by an Alternative Surface Water Boundary (ASWB) determination, a line landward of the actual Mean Annual Flood Line (MAFL). While this provides a simpler and less costly alternative, it will not be as accurate as a determination by a surveyor.

Please note the property lines must be clearly marked for the Florida Department of Health in Manatee County staff to accurately determine the specific location of the Permanent Non-Tidal Surface Water Body (PNTSWB) on the property, so it may later be drawn on the submitted site plan. The Florida Department of Health in Manatee County will identify the location (elevation) of the field verification indicators for the Mean Annual Flood Line (MAFL) utilizing the criteria set forth in Chapter 381.0065(2)(i), Florida Statutes.

After making this determination, the Florida Department of Health in Manatee County will delineate on your site plan an estimated area from the property to be considered as the surface water area. This area will be larger than the actual surface water body that is on the property. It will be considered when calculating the authorized sewage flow from the property and will result in a lower authorized sewage flow for the property.

Based on the complete application submitted, along with the Florida Department of Health in Manatee County delineated Alternate Surface Water Boundary (ASWB); placed on the site plan by the Florida Department of Health in Manatee County, the Florida Department of Health in Manatee County will determine if a onsite wastewater treatment and disposal system (OSTDS) permit can be issued. If all Florida statutes and rule requirements are met, as well as surface water setbacks, and the delineated area meets the authorized sewage flow, then an onsite wastewater treatment and disposal system (OSTDS) permit may be issued. If the lot or the authorized sewage flow cannot be met, then the Florida Department of Health in Manatee County will inform the applicant of the option to obtain the services of a certified professional surveyor and mapper. Final onsite wastewater treatment and disposal system (OSTDS) determination would be made once the certified professional surveyor and mapper has delineated the Mean Annual Flood Line (MAFL) and the Mean Annual Flood Line (MAFL) has been drawn onto the site plan. The onsite wastewater treatment and disposal system (OSTDS) application will be put on hold until the information from the certified professional surveyor and mapper is submitted.

NOTE: The MAFL for an artificial surface water body (pond), when the MAFL indicators are not present, the “design high water line” of the artificial surface water body (pond) is determined by the design engineer.

OPTION 2 I will get a certified professional surveyor and mapper with experience in determination of flood water elevation lines, to determine the Mean Annual Flood Line (MAFL). I understand that the onsite wastewater treatment and disposal system (OSTDS) application will be put on hold until the Florida Department of Health in Manatee County receives the required information from a certified professional surveyor and mapper.

NOTE NO – By checking the NO you are stating the property has no non-tidally influenced surface water boundary that is known to the best of the applicant’s knowledge. The applicant understands upon review of the application and/or site evaluations where non-tidally influenced surface water boundaries are determined to be present, this will hold the processing of the application and issuing of the permit until the applicant chooses one of the choices stated above.

DOH-MANATEE EH 5/27/2016 (Page 7)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

TIDALLY INFLUENCED SURFACE WATER BOUNDRY DETERMINATION

I am requesting that the Florida Department of Health in Manatee County to use what may be a more restrictive boundary for determining setbacks on my the property from a tidally influenced surface water. I understand that use of this more restrictive boundary may result in denial of my permit, and that I have the right to submit a Mean High Water Line (MHWL) determination from a professional surveyor or mapper. I have indicated my selection below:

<http://data.labins.org/2003/SurveyData/WaterBoundary/waterboundary.cfm>

OPTION 1 A professional surveyor and mapper submits a Mean High Water Line (MHWL) determination that is stated on a to-scale survey. If applicant elects this option, the Florida Department of Health in Manatee County will hold the application as incomplete until the survey is submitted to the Florida Department of Health in Manatee County.

OPTION 2-A A professional surveyor and mapper has established the safe uplands line on the property in place of the Mean High Water Line (MHWL). I have submitted a copy of the survey indicating the safe uplands line as well as a copy of the details of the nearest LABINS tidal datum point utilized by the surveyor. The safe uplands line is an elevation determined by adding 0.5 feet to the nearest tidal datum point, which must be within ½ mile radius of the established safe upland line. I understand that a more restrictive surface water setback will be measured to the safe uplands line and that a more restrictive authorized sewage flow will be calculated using the limit of the safe uplands line as the surface water boundary.

OPTION 2-B A professional surveyor and mapper has established the elevation of the top of the sea wall or canal wall on my the property in place of the Mean High Water Line (MHWL). When the elevation of the top of the sea or canal walls is lower than the tidal datum point, a Mean High Water Line (MHWL) must be determined by a surveyor. I have submitted a copy of the survey indicating this elevation. I understand that a more restrictive surface water setback on the onsite wastewater treatment and disposal system (OSTDS) will be measured from the sea wall or canal wall and that a more restrictive authorized sewage flow will be calculated using the location of the sea wall or canal wall as the surface water boundary.

NOTE I have submitted a copy of the details of the nearest LABINS tidal datum point that is within a ½ mile radius of the sea wall or the canal wall.
<http://data.labins.org/2003/SurveyData/WaterBoundary/waterboundary.cfm>

NOTE I am requesting the Florida Department of Health in Manatee County obtain the nearest LABINS tidal datum point that is within ½ mile radius of the sea wall or canal wall.

NOTE NO – By checking the NO you are stating the property has no tidally influenced surface water boundary that is known to the best of the applicant's knowledge. The applicant understands upon review of the application and/or site evaluations where tidally influenced surface water boundaries are determined to be present, this will hold the processing of the application and issuing of the permit until the applicant chooses one of the choices stated above.

DOH-MANATEE EH 5/27/2016 (Page 8)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

JURISDICTIONAL NOTIFICATION

Please be advised that the Florida Department of Health in Manatee County Health Department has no authority to deny an onsite wastewater treatment and disposal (OSTDS) application on the grounds of the onsite wastewater treatment and disposal system (OSTDS) being located on property that contains areas under the regulatory authority of the Florida Department of Environmental Protection, U.S. Corps of Engineers, or a local permitting agency, such as your county building department or local environmental program.

If the Florida Department of Health in Manatee County believes that a permit has been issued on property that may contain areas under the regulatory authority of the Florida Department of Environmental Protection, U.S. Corps of Engineers, or a local permitting agency, such as your county building department or local environmental program, then the Florida Department of Health in Manatee County will advise the appropriate regulatory agencies and the local building department that the Florida Department of Health in Manatee County have issued a onsite wastewater treatment and disposal system (OSTDS) construction permit on a site that may be under their regulatory control.

The issued onsite wastewater treatment and disposal system (OSTDS) permit does not authorize the applicant, agent, and/or contractor to excavate and/or place fill in a jurisdictional area or violate any other state/local agency regulation(s). If applicable, the applicant, agent, and/or contractor must obtain the necessary permit(s) from the appropriate regulatory agency.

5/27/2016

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

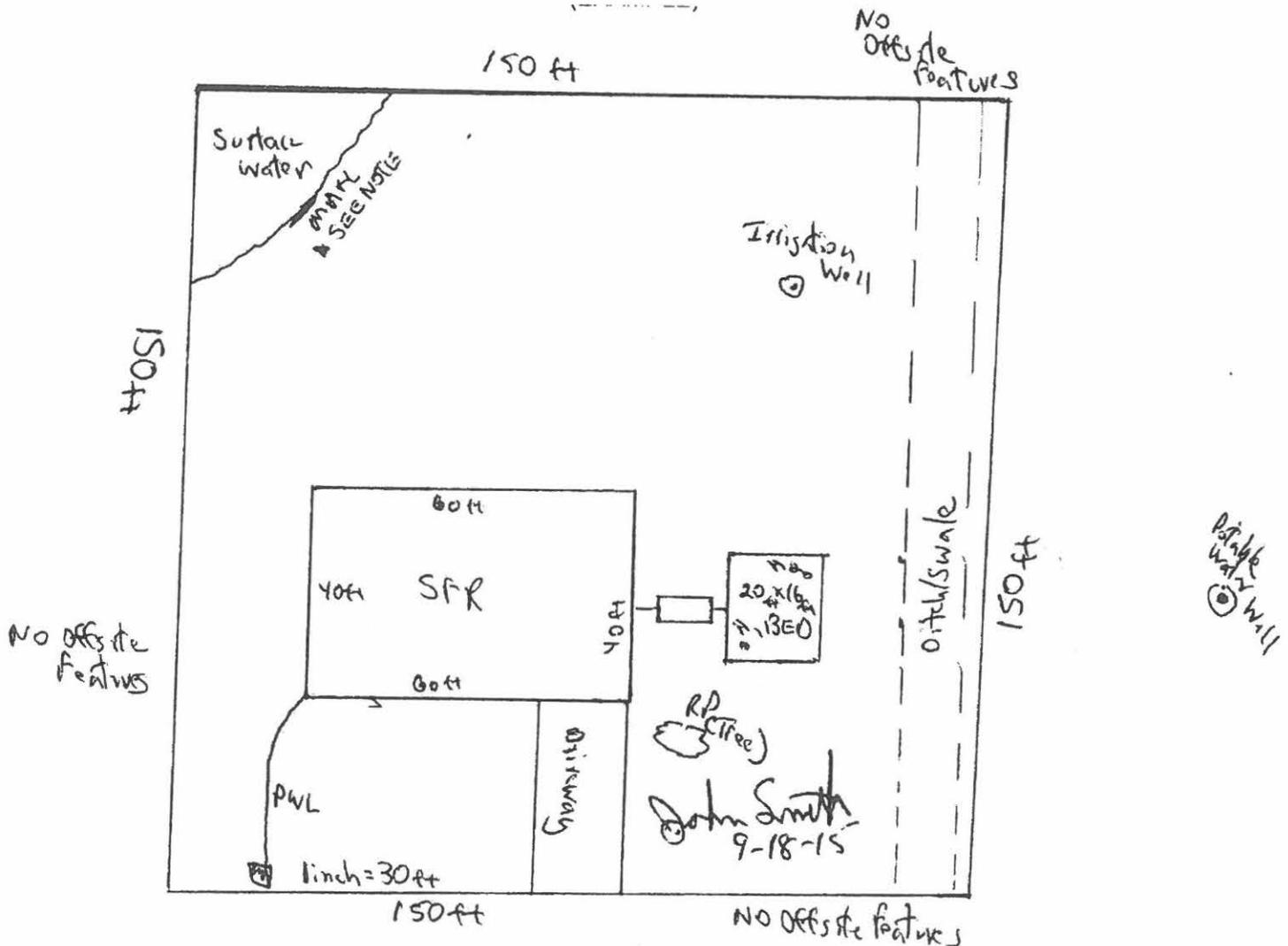


Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

**THE FLORIDA DEPARTMENT OF HEALTH -- MANATEE COUNTY
SITE PLAN FOR NEW - EXISTING CONSTRUCTION APPLICATIONS
(EXAMPLE)**



- NOTE: THE NEW - EXISTING SITE PLAN MUST BE TO SCALE.
- NOTE: THE SITE PLAN MUST HAVE PROPERTY LINE DISTANCES STATED.
- NOTE: THE SITE PLAN MUST "NO OFF SITE FEATURES" BY THE PROPERTY LINE IF NONE EXIST.
- NOTE: THE SITE PLAN MUST SHOW OFF SITE FEATURES WITHIN 75 FEET OF THE PROPERTY LINE.
- NOTE: THE TWO SITE EVALUATION HOLES AND REFERENCE POINT MUST BE SHOWN.
- NOTE: THE MAFL MUST BE DETERMINED BY DOH-MANATEE OR A SURVEYOR.
- NOTE: THE APPLICANT MUST SIGN AND DATE THE SITE PLAN.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

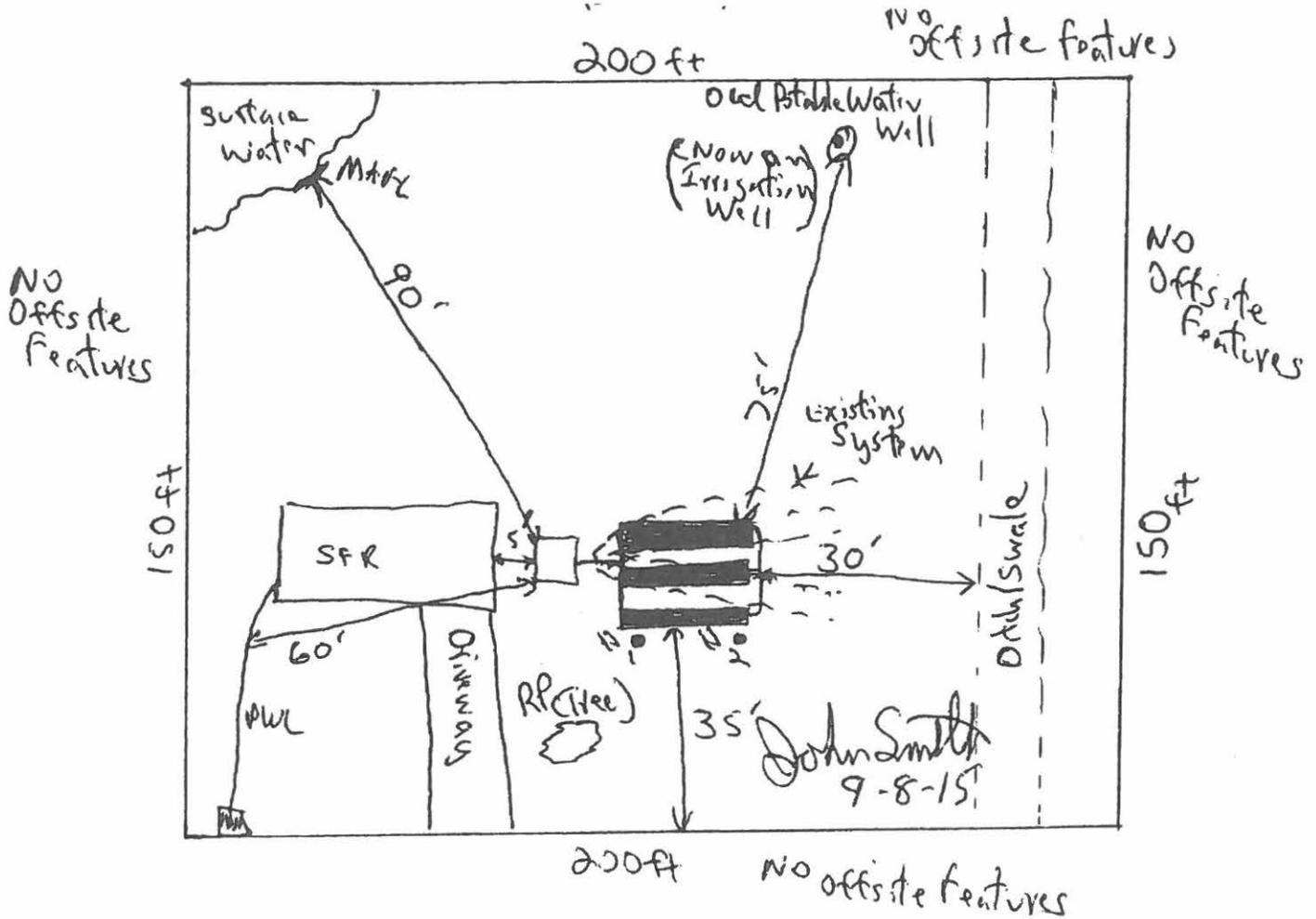


Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

**THE FLORIDA DEPARTMENT OF HEALTH -- MANATEE COUNTY
SITE PLAN FOR – REPAIR / ABANDONMENT APPLICATIONS
(EXAMPLE)**



- NOTE: THE REPAIR – ABANDONMENT SITE PLAN DOES NOT HAVE TO BE TO SCALE.
- NOTE: THE APPLICANT MUST SHOW ALL SETBACKS WITH DIMENSION LINES.
- NOTE: THE SITE PLAN MUST HAVE PROPERTY LINE DISTANCES STATED.
- NOTE: THE SITE PLAN MUST "NO OFF SITE FEATURES" BY THE PROPERTY LINE IF NONE EXIST.
- NOTE: WITH A REPAIR THE EXISTING SYSTEM AND REPLACEMENT SYSTEM MUST BE SHOWN.
- NOTE: THE TWO SITE EVALUATION HOLES AND REFERENCE POINT MUST BE SHOWN.
- NOTE: THE MAFL MUST BE DETERMINED BY DOH-MANATEE OR A SURVEYOR.
- NOTE: THE APPLICANT MUST SIGN AND DATE THE SITE PLAN.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

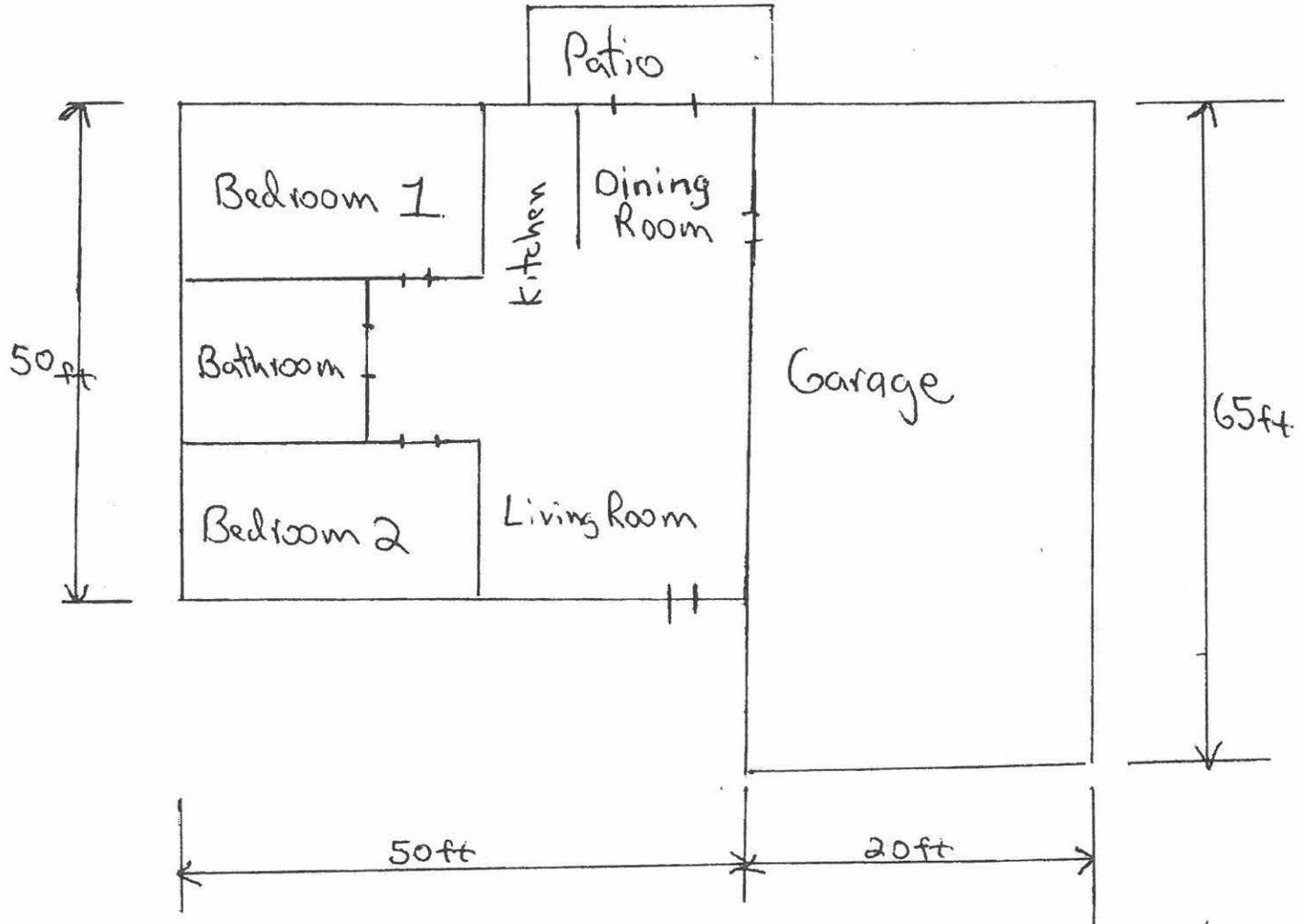


Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

THE FLORIDA DEPARTMENT OF HEALTH -- MANATEE COUNTY
FLOOR PLAN FOR NEW – EXISTING CONSTRUCTION APPLICATIONS
(EXAMPLE)



- NOTE: THE NEW - EXISTING FLOOR PLAN DOES NOT HAVE TO BE TO SCALE.
- NOTE: THE FLOOR PLAN WILL REQUIRE THE ROOMS LABELED.
- NOTE : THE FLOOR PLAN WILL REQUIRE THE OUTSIDE DIMENSIONS.
- NOTE: EXISTING APPLICATIONS REQUIRE THE EXISTING FLOOR PLAN PLUS THE ADDITION.
- NOTE: A REPAIR DOES NOT REQUIRE A FLOOR PLAN.
- NOTE: THE APPLICANT MUST SIGN AND DATE THE FLOOR PLAN.

John Smith
5-27-16